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Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

Draft resolution submitted by the President of the General Assembly

Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030

The General Assembly,

Adopts the Political Declaration on HIV and AIDS annexed to the present resolution.

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Annex

Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030

1: We, Heads of State and Government and representatives of States and Governments assembled at the United Nations from 8 to 10 June 2016, reaffirm our commitment to end the AIDS epidemic by 2030 as our legacy to present and future generations, to accelerate and scale up the fight against HIV and end AIDS to reach this target, and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development to accelerate action and to recast our approach to AIDS given the potential of the Sustainable Development Goals to accelerate joined-up and sustainable efforts to lead to the end of the AIDS epidemic, and we pledge to intensify efforts towards the goal of comprehensive prevention, treatment, care and support programmes that will help to significantly reduce new infections, increase life expectancy and quality of life, the promotion, protection and fulfilment of all human rights and the dignity of all people living with, at risk of, and affected by HIV and AIDS and their families;

2: Reaffirm the 2001 Declaration of Commitment on HIV/AIDS and the 2006 and 2011 Political Declarations on HIV and AIDS, and the urgent need to scale up significantly our efforts towards the goal of universal access to comprehensive prevention programmes, treatment, care and support;

3: Reaffirm the 2030 Agenda for Sustainable Development, including the resolve of Member States to end the AIDS epidemic by 2030, and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;

4: Reaffirm the sovereign rights of Member States, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the present Declaration consistent with national laws, national development priorities and international human rights;

5: Reaffirm the Universal Declaration on Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Beijing Declaration and Platform for Action and the outcomes of its reviews; the outcome documents of the Twenty-third Special Session of the General Assembly, the Programme of Action of the International Conference on Population and Development, and the key actions for its further implementation, and the outcomes of its reviews, and notes the outcome documents of the regional review conferences, stressing that the outcome documents of the regional review conferences provide region-specific guidance on population and development beyond 2014 for each region that adopted the particular outcome document, the Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women, the outcome document of the 2016 United Nations General Assembly Special Session on the World Drug Problem, the Declaration on the Elimination of Violence Against Women, and the Convention on the Rights of Persons with Disabilities;

6: Recall the 2015 ECOSOC resolution on the Joint United Nations Programme on HIV/AIDS (UNAIDS) which reaffirmed the value of the lessons learned from the global AIDS response for the post-2015 development agenda, the Security Council

Resolution 1983 on the impact of the HIV epidemic in conflict and post-conflict situations, the 60th Commission on the Status of Women's Resolution on Women, the girl child and HIV and AIDS adopted at the sessions on the Commission on the Status of Women, and the Human Rights Council Resolutions 17/14 on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the context of development and access to medicines, 16/28 and 12/27, on the protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS), and 12/24, on access to medicine in the context of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

7: Reaffirm that the promotion and protection of, and respect for, the human rights and fundamental freedoms of all, including the right to development, which are universal, indivisible, interdependent and interrelated, should be mainstreamed into all HIV and AIDS policies and programmes, and also reaffirm the need to take measures to ensure that every person is entitled to participate in, contribute to and enjoy economic, social, cultural and political development and that equal attention and urgent consideration should be given to the promotion, protection and fulfilment of all human rights;

8: Underscore the importance of enhanced international cooperation to support the efforts of Member States to achieve health goals, including the target on ending the AIDS epidemic by 2030, implement universal access to health-care services and address health challenges;

9: Recognize that the 2030 Agenda for Sustainable Development is guided by the purposes and principles of the Charter of the United Nations, including full respect for international law. It is grounded in the Universal Declaration of Human Rights, international human rights treaties, the Millennium Declaration and the 2005 World Summit Outcome. It is informed by other instruments such as the Declaration on the Right to Development;

10: Recognize that HIV and AIDS continues to constitute a global emergency, poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large and requires an exceptional and comprehensive global response that takes into account the fact that the spread of HIV is often a cause and consequence of poverty and inequality, and that effective HIV and AIDS responses are critical to the achievement of the 2030 Agenda for Sustainable Development in its three dimensions — economic, social and environmental — which recognizes that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development, that the dignity of the human person is fundamental, and that the Sustainable Development Goals and targets be met for all nations and peoples and for all segments of society, so that no one will be left behind, thereby generating multiplier effects and a virtuous cycle of progress across the 2030 Agenda for Sustainable Development, bearing in mind the universal, integrated and indivisible nature of the new agenda;

11: Call for urgent action over the next five years to ensure that no one is left behind in the AIDS response, that the returns on the unprecedented gains and investments made over the past decades are fully realized, and that efforts are intensified, including through global solidarity, shared responsibility and political leadership, particularly given the rising population of people under the age of 25 in many high-

burden countries, to avoid the risk of a rebound of the epidemic in some parts of the world and to tackle the growing rates of antimicrobial resistance which would result in increased human and economic loss, and express grave concern about the cost of inaction, in the face of a looming crisis in access to and availability of treatment and inadequate progress and resources in comprehensive prevention, treatment, care and support;

12: Reiterate that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development, and that sustainable development can be achieved only in the absence of a high prevalence of debilitating communicable and non-communicable diseases, including emerging and re-emerging diseases;

13: Recognize that poverty and poor health are inextricably linked, that poverty can increase the risk of progression from HIV to AIDS due to a lack of access to comprehensive treatment-related services and adequate nutrition and care services, and to the inability to meet costs related to treatment services, including transportation;

14: Emphasize the continued importance, particularly given the 2015 World Health Organization Guidelines recommending that antiretroviral therapy be initiated for everyone living with HIV at any CD4 cell count, of a more integrated and systemic approach to addressing people's access to quality, people-centred health-care services in a more holistic manner, in the context of promoting the right to the enjoyment of the highest attainable standard of physical and mental health and well-being, universal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences, universal health coverage, social protection for people in vulnerable situations, local, national and international health and social protection systems strengthening, including community systems, integrated responses to address non-communicable diseases and HIV and AIDS, and preparedness to tackle emerging disease outbreaks, such as Ebola, Zika and those yet to be identified, and other health threats;

15: Emphasize that to guarantee the sustainability of HIV prevention, treatment, care, and support services, information and education, which are mutually reinforcing, these should be integrated with national health systems and services to address coinfections and co-morbidities, in particular tuberculosis, substance use and mental disorders, as well as sexual and reproductive health-care services, including prevention, screening and treatment for viral hepatitis and cervical cancer, as well as other sexually transmitted infections, including human papillomavirus, and services to respond to sexual and gender-based violence while noting the particular vulnerability of women and girls to these coinfections and co-morbidities;

16: Recognize that addressing the holistic needs and rights of people living with, at risk of, and affected by HIV, throughout their life course, will require close collaboration with efforts to end poverty and hunger everywhere, improve food and nutrition security and access to free, non-discriminatory primary and secondary education, promote healthy lives and well-being, provide access to HIV-sensitive social protection for all, including for children, reduce inequalities within and among countries, achieve gender equality and the empowerment of all women and girls, provide for decent work and economic empowerment, and promote healthy cities, stable housing and just and inclusive societies for all;

17: Recognize that there are multiple and diverse epidemics and that in order to achieve the prevention and UNAIDS 90-90-90 treatment targets by 2020 and to end the AIDS epidemic by 2030 that AIDS responses need to achieve greater efficiency and focus on evidence, the geographic locations, populations at higher risk of infection, service delivery models, innovations and programmes that will deliver the greatest impact, and in this regard, note the need for a coherent UN response, to assist countries to tailor effective responses, taking into account national context, including in humanitarian emergencies in conflict and post-conflict situations;

18: Reiterate with profound concern that Africa, in particular sub-Saharan Africa, remains the worst-affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of this epidemic, particularly on women and adolescent girls, and recognize the renewed commitment of African Governments and regional institutions to scale up their own HIV and AIDS responses;

19: Express deep concern that HIV and AIDS affect every region of the world and that the Caribbean continues to have the highest prevalence outside sub-Saharan Africa, while the number of new HIV infections is increasing in Eastern Europe and Central Asia, and note that 90% of people newly infected with HIV live in just 35 countries;

20: Welcome and encourage regional efforts to set ambitious targets and design and implement strategies on HIV and AIDS, and take note of the Arab AIDS Strategy (2014-2020), the African Union Roadmap on AIDS, TB and malaria (2012-2015, extended to 2020), the South Asian Association for Regional Cooperation's Regional Strategy on HIV/AIDS (2013-2017), the ASEAN Declaration of Commitment: Getting to zero new HIV infections, zero discrimination, zero AIDS-related deaths, the Caribbean Regional Strategic Framework on HIV and AIDS 2014-2018, the Agreement on cooperation of the CIS countries in addressing HIV infection, the EU Action Plan on HIV/AIDS in the EU and neighbouring countries: 2014-2016, Pacific Sexual Health & Well-Being Shared Agenda 2015-2019 and other relevant strategies;

21: Emphasize that the meaningful involvement of people living with, at risk of, and affected by HIV and populations at higher risk of HIV facilitates the achievement of more effective AIDS responses, and that people living with, at risk of, and affected by HIV should enjoy equally all human rights and enjoy equal participation in civil, political, social, economic and cultural life, without prejudice, stigma, or discrimination of any kind;

22: Commend subregional, regional and global financing institutions, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, for the vital role they play in mobilizing funding for country and regional AIDS responses including for civil society and in improving the predictability of financing over the long term, including bilateral investments, including from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and welcome donors' support, while noting that it falls short of the amounts needed to further accelerate progress towards front loading investments to end the AIDS epidemic by 2030;

23: Commend the work of the International Innovative Health Tools and Drug Purchase Facility, UNITAID, based on innovative sources of financing and focusing on accessibility, quality and price reductions of antiretroviral drugs and welcome the

broadening of the scope of work of the Medicines Patent Pool, hosted by UNITAID, to promote voluntary partnerships to address Hepatitis C and tuberculosis, reflecting the importance of integrating the AIDS response into the broader global health agenda;

24: Take note of the Secretary-General's new Global Strategy for Women's, Children's and Adolescents' Health, which continues to galvanize global efforts to significantly reduce the number of maternal, adolescent, newborn and under-five child deaths, as a matter of urgent concern;

25: Note with appreciation the efforts of the Inter-Parliamentary Union in supporting national parliaments to unlock political and legislative obstacles to ensure an enabling legal environment supportive of effective national responses to HIV and AIDS;

26: Take note of the UN Secretary-General's Report "On the Fast-Track to End the AIDS Epidemic" and of the UNAIDS 2016-2021 Strategy, including its goals and targets, as well as the WHO 2016-2021 HIV Health Sector Strategy;

27: Take note with appreciation of the HIV-relevant strategies of the Co-sponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and commend the Secretariat and the Co-sponsors for their contribution on AIDS policy, strategic information and coordination and for the support they provide to countries through the Joint Programme;

28: Note the recommendations made by the Global Commission on HIV and the Law, co-convened by the United Nations Development Programme and UNAIDS, and the UNAIDS-Lancet Commission "Defeating AIDS Advancing Global Health" in advancing progress towards ending the AIDS epidemic;

29: Recognize the role that community organizations play, including those led by and run by people living with HIV, in supporting and sustaining national and local HIV and AIDS responses, reaching all people living with HIV, delivering prevention, treatment, care and support services and strengthening health systems, in particular the primary healthcare approach;

30: Welcome the leadership and commitment shown in every aspect of the HIV and AIDS response by Governments, relevant United Nations agencies, regional and subregional organizations as well as people living with, at risk of, and affected by HIV, political and community leaders, parliamentarians, communities, families, faith-based organizations, scientists, health professionals, donors, the philanthropic community, the workforce, the private sector, the media and civil society, including women's and community-based organizations, feminist groups, youth-led organizations, national human rights institutions and human rights defenders and recognize their contribution to the achievement of MDG 6 on AIDS and implementing the commitments set forth in the 2011 Political Declaration on HIV and AIDS, and call upon stakeholders, as appropriate, to support Member States in ensuring that country-driven, credible, costed, evidence-based, inclusive, sustainable, gender-responsive and comprehensive national HIV and AIDS strategic plans are funded and implemented as soon as possible with transparency, accountability and effectiveness;

2011-2016: Reflecting on unprecedented achievements and acknowledging those left behind

31: Recognize that the AIDS response has been transformative, demonstrating outstanding global solidarity and shared responsibility, advancing innovative cross-sectoral and people-centred approaches to global health and fostering unprecedented levels of comprehensive research and development;

32: Welcome the achievement of the HIV and AIDS targets of Millennium Development Goal 6 and recognize that, while significant progress was made on all the Millennium Development Goals (MDGs), urgent efforts are needed to complete the unfinished business of the MDGs and the 2011 Political Declaration as we implement the 2030 Agenda for Sustainable Development to end the AIDS epidemic by 2030;

33: Note with deep concern that the HIV epidemic remains a paramount health, development, human rights and social challenge inflicting immense suffering on countries, communities and families throughout the world, that since the beginning of the epidemic there have been an estimated 76 million HIV infections and that 34 million people have died from AIDS, that AIDS is the leading cause of death among women and adolescent girls of reproductive age (age 15-49) globally, and that around 14 million children have been orphaned due to AIDS, and that 6,000 new HIV infections occur every day, mostly among people in developing countries, and note with alarm that, among the 36.9 million people living with HIV, more than 19 million people do not know their status;

34: Welcome the significant achievement in extending access to antiretroviral treatment to over 15 million people living with HIV by 2015, but express grave concern that despite the recommended expansion of antiretroviral treatment eligibility to all persons living with HIV, more than half of all people living with HIV do not know their status, 22 million people living with HIV remain without antiretroviral treatment, and a substantial proportion of people on antiretroviral therapy face social and structural barriers to good health, including poor quality care, economic constraints, stigma and discrimination, harmful practices and beliefs, inefficient service delivery models, poor nutrition and lack of food, medication side effects and misuse, and lack of comprehensive social protection, care and support and as a result do not start treatment in a timely fashion, struggle to adhere to treatment and fail to achieve viral suppression, resulting in a growing risk of emergence of drug-resistant strains, which poses a threat to the expansion of effective HIV treatment and prevention;

35: Note with deep concern the unacceptably low rates of testing and treatment coverage among children in developing countries, which are a result of similar social and structural barriers as the adult population faces, as well as age-specific barriers, including low rates of early infant diagnosis, inadequate case-finding of children outside of Prevention of Mother-to-Child Transmission settings, long delays in returning test results, poor linking of children to treatment, lack of adequate training for health-care workers in paediatric HIV testing, treatment and care, challenges with long-term adherence, the limited number and inadequate availability of efficacious antiretroviral child-friendly formulations, in certain countries and regions, stigma and discrimination, and lack of adequate social protection for children and caregivers;

36: Acknowledge the progress made since the launch of the Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive, including that an estimated 85 countries are within reach of elimination of mother-to-child transmission, but note that continued efforts are greatly needed;

37: Reaffirm that access to safe, effective and affordable medicines and commodities for all, without discrimination, in the context of epidemics such as HIV and AIDS is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health, yet note with grave concern the high number of people without access to medicine and that the sustainability of providing lifelong safe, effective and affordable HIV treatment continues to be threatened by factors such as poverty and migration, lack of access to services and insufficient and unpredictable funding, especially for those left behind and underscore that access to medicines would save millions of lives;

38: Welcome the reduction in the number of deaths among people living with HIV in some countries, in particular, the reduction in the number of tuberculosis-related deaths among people living with HIV, which have fallen by 32% since 2004, yet note with grave concern that, among people living with HIV, tuberculosis remains the leading cause of death and viral hepatitis is a significant cause of ill-health and mortality, and that congenital syphilis continues to affect large numbers of pregnant women at risk of HIV and their infant;

39: Express grave concern that young people between the ages of 15 and 24 years account for more than one third of all new HIV infections among adults, with 2,000 young people becoming infected with HIV each day, that AIDS-related deaths are increasing among adolescents making AIDS the second leading cause of death in adolescents globally, and note that many young people have limited access to good quality education, nutritious food, decent employment and recreational facilities, as well as limited access to sexual and reproductive health-care services and programmes that provide the commodities, skills, knowledge and capability they need to protect themselves from HIV, that only 36 per cent of young men and 28 per cent of young women (15-24) possess accurate knowledge of HIV, and that laws and policies in some instances exclude young people from accessing sexual and reproductive health-care and HIV-related services, such as voluntary and confidential HIV testing, counselling, information and education, while also recognizing the importance of reducing risk-taking behaviour and encouraging responsible sexual behaviour, including correct and consistent use of condoms;

40: Recognize the need to promote, protect and fulfil the rights of children in child-headed households in particular those headed by girls, which may result from the death of parents and legal guardians, and other economic, social and political realities, and express deep concern that the impact of the AIDS epidemic, including illness and mortality, the erosion of the extended family, the exacerbation of poverty, unemployment and underemployment and migration, as well as urbanization, has contributed to the increase in the number of child-headed households;

41: Remain deeply concerned that, globally, women and girls are still the most affected by the epidemic and that they bear a disproportionate share of the caregiving burden, note that progress towards gender equality and the empowerment of all women and girls has been unacceptably slow and that the ability of women and girls to protect themselves from HIV continues to be compromised by

physiological factors, gender inequalities, including unequal power relations in society between women and men, boys and girls, unequal legal, economic and social status, insufficient access to health-care services, including sexual and reproductive health, as well as all forms of discrimination and violence in the public and private spheres, including trafficking in persons, sexual violence, exploitation and harmful practices;

42: Note with alarm the slow progress in reducing new infections and limited scale of combination prevention programmes, emphasizing that each country should define the specific populations that are key to its epidemic and response based on the local epidemiological context, and note with grave concern that women and adolescent girls, in particular in sub-Saharan Africa are more than twice as likely to become HIV positive than boys of the same age, and noting also that many national HIV-prevention, testing and treatment programmes provide insufficient access to services for women and adolescent girls, migrants, and key populations that epidemiological evidence shows are globally at higher risk of HIV, specifically people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population, sex workers, who are 10 times more likely to acquire HIV, men who have sex with men, who are 24 times more likely to acquire HIV, transgender people, who are 49 times more likely to be living with HIV, and prisoners, who are five times more likely to be living with HIV than adults in the general population;

43: Note that some countries and regions have made significant progress in expanding health-related risk and harm reduction programmes, in accordance with national legislation, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood-borne diseases associated with drug use, yet note the lack of global progress made in reducing transmission of HIV among people who use drugs, particularly those who inject drugs, and call attention to the insufficient coverage of such programmes and substance use treatment programmes that improve adherence to HIV drug treatment services, as appropriate in the context of national programmes, the marginalization and discrimination against people who use drugs through the application of restrictive laws, particularly those who inject drugs which hamper access to HIV-related services, and in that regard, consider ensuring access to such interventions including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, and note with concern that gender-based and age-based stigma and discrimination often act as additional barriers for women and for young people who use drugs, particularly those who inject drugs, to access services;

44: Express grave concern that despite a general decline in discriminatory attitudes and policies towards people living with, presumed to be living with, at risk of, and affected by HIV, including those co-infected by TB, particularly in high TB/HIV burdened countries, discrimination continues to be reported, and that restrictive legal and policy frameworks, including related to HIV transmission, continue to discourage and prevent people from accessing prevention, treatment, care and support services;

45: Note with grave concern that, despite the recognition of the need to promote, protect and fulfil the human rights and fundamental freedoms of persons with disabilities including as set forth in the Convention on the Rights of Persons with Disabilities and despite the increased vulnerability to HIV infection faced by women and girls living with disabilities resulting from, inter alia, legal and economic inequalities, sexual and gender-based violence, discrimination and violations of their human rights, the formulation of the global AIDS response remains inadequately targeted and accessible to persons with disabilities;

46: Remain concerned that discriminatory laws and policies that restrict movement of people living with HIV may result in substantial harm and denial of HIV services, while acknowledging the steps taken by some countries in repealing entry, stay and residence restrictions based on HIV status, and that many corporate leaders promoted the business case for non-discrimination;

47: Note with grave concern that the holistic needs and human rights of people living with, at risk of, and affected by HIV, and young people, remain insufficiently addressed because of inadequate integration of health services, including sexual and reproductive health-care and HIV services, including for people who have experienced sexual or gender-based violence, including post-exposure prophylaxis, legal services and social protection;

48: Welcome the important progress achieved in research for new biomedical tools for prevention, notably regarding Treatment as Prevention, pre-exposure prophylaxis (PrEP) and ARV-based microbicides and voluntary medical male circumcision, but also recognize that research and development must be accelerated, including for long-acting formulations of PrEP, preventive and therapeutic HIV vaccines, and curative interventions;

49: Recognize that each country faces specific challenges to achieve sustainable development, and we underscore the special challenges facing the most vulnerable countries and, in particular, African countries, least developed countries, landlocked developing countries and small island developing States, as well as the specific challenges facing the middle-income countries, and note that countries in situations of conflict also need special attention;

50: Acknowledge the significant mobilization of resources globally that reached an estimated US$ 19.2 billion for HIV programmes in low- and middle-income countries in 2014,[1] and acknowledge the important role played by complementary innovative sources of financing;

51: Welcome the near tripling of domestic HIV investment between 2006 and 2014, with domestic sources accounting for 57% of all investments in 2014, and note the role that the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa has played in this regard;

52: Recognizing that there are still gaps in financing for HIV/AIDS and the need to further encourage technology transfer on mutually agreed terms, improve access to medicines in developing countries and scale up capacity building and research and development;

[1] Report of the Secretary-General "On the Fast-Track to End the AIDS epidemic" (A/70/811) - Table 1 (page 17).

53: Note that many countries have the ability to invest much more than they currently do; among developed countries, only four invest a share of the total international resources available for AIDS that exceeds their country's proportion of world gross domestic product, and that both developed and developing countries should work towards significantly increasing funding, including domestic funding, for the HIV/AIDS response;

54: Recognize that if we do not Fast-Track the response across the prevention and treatment continuum in the next five years, by increasing and front-loading investments and massively scaling up coverage of HIV services, so as to reduce the rate of new HIV infections and AIDS-related deaths, the epidemic may rebound in some countries and we may not reach the ambitious, time-bound targets and commitments hereby set, including the UNAIDS 90-90-90 treatment target, by 2020 and the target of ending the AIDS epidemic by 2030;

2016-2021: Global leadership: uniting to Fast-Track the HIV and AIDS response

55: Commit to seize this turning point in the HIV epidemic and, through decisive, inclusive and accountable leadership, to revitalize and intensify the comprehensive global HIV and AIDS response by recommitting to the commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 and 2011 Political Declarations on HIV/AIDS and by fully implementing the commitments, goals and targets contained in the present Declaration;

56: Commit to targets for 2020 to work towards reducing the global numbers of people newly infected with HIV to fewer than 500,000 per annum and people dying from AIDS-related causes to fewer than 500,000 per annum, as well as to eliminate HIV-related stigma and discrimination;

57: Commit to differentiate AIDS responses, based on country ownership and leadership, local priorities, drivers, vulnerabilities, aggravating factors, the populations that are affected and strategic information and evidence, and to set ambitious quantitative targets, where appropriate depending on epidemiological and social context, tailored to national circumstances in support of these goals;

58: Recognize that achieving the Fast-Track targets can support global efforts to eradicate all forms of poverty and inequality as well as to achieve the Sustainable Development Goals, which are universal, integrated and indivisible, and in this regard we should front-load and diversify resources to Fast-Track the AIDS response and make progress on five strategic HIV-related areas, recognizing also that investing in efforts to meet a wide range of SDG targets will support efforts to end the AIDS epidemic;

Front-loading and diversifying resources are critical to Fast-Track the AIDS response

59 (a): Commit to increasing and front-loading investments to achieve the fast-track targets by 2020 as an essential milestone towards the target of ending the AIDS epidemic by 2030 and positively contributing to a wide range of development outcomes;

59 (b): Commit to increasing and fully funding the AIDS response from all sources, including from innovative financing, and reaching overall financial investments in developing countries of at least USD 26 billion/year by 2020, as estimated by

UNAIDS, with continued increase from the current levels of domestic public and private sources, according to each country's capacity, supplemented by public and private international assistance and strengthened global solidarity, and urge all stakeholders to contribute to a successful 5th and subsequent replenishments of the Global Fund to Fight AIDS, Tuberculosis and Malaria;

59 (c): Call upon all relevant stakeholders to close the global HIV and AIDS resource gap between the resources available today and the resources needed to reach the Fast track targets by 2020;

59 (d): Re-affirm our strong commitment to the full and timely implementation of the concrete policies and actions of the Addis Ababa Action Agenda in order to close the global HIV and AIDS resource gap and to fully fund the HIV/AIDS response with a target of ending the AIDS epidemic by 2030. The Addis Ababa Action Agenda relates to domestic public resources, domestic and international private business and finance, international development cooperation, international trade as an engine for development, debt and debt sustainability, addressing systemic issues and science, technology, innovation and capacity-building, and data, monitoring and follow-up;

59 (e): Acknowledge that, for all countries, public policies and the mobilization of domestic resources, underscored by the principle of national ownership, are central to our common pursuit of sustainable development, including achieving the sustainable development goals, and remain committed to further strengthening the mobilization and effective use of domestic resources;

59 (f): Further acknowledge that private business activity, investment and innovation are major drivers of productivity, inclusive economic growth and job creation and that private investment capital flows, particularly foreign direct investment, along with a stable international financial system, are vital complements to national development efforts;

59 (g): Recognize that international public finance plays an important role in complementing efforts of countries to mobilize public resources domestically, especially in the poorest and most vulnerable countries with limited domestic resources. Scaled up and more effective international support, including both concessional and non-concessional financing, is required;

59 (h): Reiterate that the fulfilment of all ODA commitments remains crucial. ODA providers re-affirm their respective ODA commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of ODA/GNI and 0.15 to 0.20 per cent of ODA/GNI to least developed countries. We are encouraged by those few countries that have met or surpassed their commitment to 0.7 per cent of ODA/GNI and the target of 0.15 to 0.20 per cent of ODA/GNI to least developed countries. We urge all others to step up efforts to increase their ODA and to make additional concrete efforts towards their ODA targets. We welcome then decision by the European Union which reaffirms its collective commitment to achieve the 0.7 per cent of ODA/GNI target within the time frame of the 2030 Agenda for Sustainable Development, and undertakes to meet collectively the target of 0.15 to 0.20 per cent of ODA/GNI to least developed countries in the short term, and to reach 0.20 per cent of ODA/GNI to least developed countries within the time frame of the 2030 Agenda for Sustainable Development. We encourage ODA providers to

consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries;

59 (i): Recognize that South-South cooperation is an important element of international cooperation for development as a complement, not a substitute, to North-South cooperation. We recognize its increased importance, different history and particularities and stress that South-South cooperation should be seen as an expression of solidarity among peoples and countries of the South, based on their shared experiences and objectives. It should continue to be guided by the principles of respect for national sovereignty, national ownership and independence, equality, non-conditionality, non-interference in domestic affairs and mutual benefit;

59 (j): Welcome the increased contributions of South-South cooperation to poverty eradication and sustainable development. We encourage developing countries to voluntarily step up their efforts to strengthen South-South cooperation and to further improve its development effectiveness in accordance with the provisions of the Nairobi outcome document of the High-level United Nations Conference on South-South Cooperation. We also commit to strengthening triangular cooperation as a means of bringing relevant experience and expertise to bear in development cooperation;

59 (k): Acknowledge that debt sustainability challenges facing many least developed countries and small island developing States require urgent solutions, and the importance of ensuring debt sustainability to the smooth transition of countries that have graduated from least developed country status. We also recognize the need to assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief, debt restructuring and sound debt management, as appropriate, and will continue to support the remaining HIPC-eligible countries that are working to complete the HIPC process;

59 (l): Concerned by the impact that Illicit Financial Flows (IFFs) are having on draining resources away from the countries affected by HIV/AIDS. IFFs have an adverse impact on domestic resource mobilization and on the sustainability of public finances. The activities that underlie IFFs, such as corruption, embezzlement, fraud, tax evasion, safe havens that create incentives for transfer abroad of stolen assets, money laundering and illegal exploitation of natural resources are also detrimental to development. We emphasize the importance of working together including through increased international cooperation to stem corruption and identify, freeze and recover stolen assets, and return them to their countries of origin, in a manner consistent with UNCAC;

59 (m): Recognize that multi-stakeholder partnerships, such as the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have achieved results in the field of health. We encourage a better alignment of such initiatives, and encourage them to improve their contribution to health systems strengthening;

59 (n): Welcome the progress made since the Monterrey Consensus to develop and mobilize support for innovative sources and mechanisms of additional financing, in particular by the Leading Group on Innovative Financing for Development. We invite more countries to voluntarily join in implementing innovative mechanisms, instruments and modalities, which do not unduly burden developing countries. We encourage consideration of how existing mechanisms, such as GAVI's International

Finance Facility for Immunisation, might be replicated to address broader development needs. We also encourage exploring additional innovative mechanisms based on models combining public and private resources such as vaccine bonds, to support strategies, financing plans and multilateral efforts as a means to accelerate the AIDS response;

59 (o): Note with grave concern that sustainability of providing lifelong HIV treatment continues to be threatened by factors such as poverty, lack of access to treatment and insufficient and unpredictable funding, especially for those left behind, that despite remarkable progress, if we accept the status quo unchanged, the epidemic will rebound in several developing countries, more people will acquire HIV and die from AIDS-related illness in 2030 than in 2015, treatment costs will rise, therefore that the international community should ensure that resource needs of USD 13 billion are mobilized for the Global Funds' fifth replenishment;

59 (p): Commit to mobilizing resource needs of US$13 billion for the Global Fund's Fifth Replenishment. By leveraging advances in science and applying innovative solutions, the partnership is on track to reach 22 million lives saved since its establishment by the end of 2016. A fully funded Replenishment will save an additional 8 million lives by 2020, and deliver economic gains of up to US$290 billion over the coming years;

Ensuring access to testing and treatment in the fight against HIV and AIDS

60 (a): Commit to 90-90-90 treatment targets,[2] and to ensuring that 30 million people living with HIV access treatment by 2020 with special emphasis on providing 1.6 million children (0-14 years of age) with antiretroviral therapy by 2018 and that children, adolescents and adults living with HIV know their status and are immediately offered and sustained on affordable and accessible quality treatment to ensure viral load suppression and underscore in this regard the urgency of closing the testing gap;

60 (b): Commit to using multiple strategies and modalities, including, when possible, voluntary, confidential, fully-informed and safe community-based testing, according to national context, to reaching the millions of people who do not know their status, including those living with HIV and to providing pre-test information, counselling, post-test referrals and follow-up to facilitate linkages to care, support and treatment services, including viral load monitoring and to addressing socioeconomic barriers to testing and treatment, including legal, regulatory barriers to community testing, and commit to expanding and promoting voluntary and confidential HIV testing and counselling, including provider-initiated HIV testing and counselling and to intensifying national testing promotion campaigns for HIV and other sexually transmitted infections;

60 (c): Commit to taking all appropriate steps to eliminate new HIV infections among children and ensure that their mothers' health and well-being are sustained through immediate and lifelong treatment, including for pregnant and breastfeeding women living with HIV through early infant diagnosis, dual elimination with congenital syphilis, and treatment of their male partners, adopting innovative

[2] 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment and 90% of people on treatment have suppressed viral loads.

systems that track and provide comprehensive services to mother-infant pairs through the continuum of care, expanding case-finding of children in all health-care entry points, improving linkage to treatment, increasing and improving adherence support, developing models of care for children differentiated by age groups, eliminating preventable maternal mortality and engaging male partners in prevention and treatment services, and taking steps towards achieving WHO certification of elimination of mother-to-child HIV transmission;

60 (d): Commit to build people-centred systems for health by strengthening health and social systems, including for populations that epidemiological evidence shows are at higher risk of infection and by expanding community-led service delivery to cover at least 30% of all service delivery by 2030, and through investment in human resources for health, as well as in the necessary equipment, tools and medicines, and promoting that such policies are based on a non-discriminatory that respects, promotes and protects human rights, and by building the capacity of civil society organizations to deliver HIV prevention, treatment services;

60 (e): Work towards achieving universal health coverage that comprises equitable and universal access to quality health-care services, including sexual and reproductive health, and social protection, and includes financial risk protection, and access to safe, effective, quality and affordable essential medicines and vaccines for all, including the development of new service delivery models to improve efficiency, lower costs, and ensure delivery of more integrated services for HIV, TB, viral hepatitis, sexually transmitted infections, non-communicable diseases, including cervical cancer, drug dependence, food and nutrition support, maternal, child and adolescent health, men's health, mental health and sexual and reproductive health, and to address gender-based and sexual violence, in order to equip fragile communities to cope with these issues as well as future disease outbreaks;

60 (f): Commit to take immediate action at the national and global levels, as appropriate, to integrate food and nutritional support into programmes directed to people affected by HIV in order to ensure access to sufficient, safe and nutritious food to enable people to meet their nutritional needs, for an active and healthy life as part of a comprehensive response to HIV and AIDS;

60 (g): Commit to work towards the target of reducing TB-related deaths among people living with HIV by 75% by 2020, as outlined in the WHO End TB Strategy as well as commit to funding and implementing to achieve targets set in the Stop TB Partnership — Global Plan to End TB 2016-2020, to achieve the 90-90-90 targets to reach 90% of all people who need TB treatment including 90% of populations at high risk, and achieve at least 90% treatment success, including through expanding efforts to combat tuberculosis, including drug resistant tuberculosis, by improving prevention, screening, diagnosis and affordable treatment and access to antiretroviral therapy, and to 100% coverage of intensified TB case finding among all persons living with HIV, with particular attention to underserved and especially at risk populations, including children, utilizing new tools, including rapid molecular tests through joint programming, patient-centred integration and co-location of HIV and TB services, ensuring that national protocols for HIV/TB coinfection are updated within two years to reflect the latest WHO recommendations;

60 (h): Commit to reduce the high rates of HIV and hepatitis B and C co-infection and ensure that by 2020, efforts are made to reduce by 30% new cases of chronic

viral hepatitis B and C infections, and have 5 million people receiving hepatitis B treatment and to have treated 3 million people with chronic hepatitis C infection, also taking into account the linkages to and lessons learnt from the AIDS response such as the promotion and protection of human rights, reduction of stigma and discrimination, community engagement, stronger integration of HIV and hepatitis B and C service delivery, efforts towards guaranteeing access to affordable medicines and effective prevention interventions particularly for vulnerable populations and populations that epidemiological evidence shows are at higher risk of infection;

60 (i): Commit to measures to ensure access to safe, affordable, and efficacious medicines, including generic medicines, diagnostics and related health technologies, utilizing all available tools to reduce the price of lifesaving drugs and diagnostics, and note the establishment of the High-Level Panel on Access to Medicines convened by the Secretary General;

60 (j): Recognize the critical importance of affordable medicines, including generics, in scaling up access to affordable HIV treatment, and further recognize that protection and enforcement measures for intellectual property rights should be compliant with the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) and should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and welcome the adoption by the TRIPS Council in November 2015 of the Decision on the Extension of the Transition Period under Article 66.1 of the TRIPS Agreement for Least-Developed Country Members for certain obligations with respect to pharmaceutical products;

60 (k): Note with concern that regulations, policies and practices, including those that limit legitimate trade in generic medicines, may seriously limit access to affordable HIV treatment and other pharmaceutical products in low- and middle-income countries, and recognize that improvements can be made, inter alia through national legislation, regulatory policy and supply chain management, noting that reductions in barriers to affordable products could be explored in order to expand access to safe, effective, affordable and good quality HIV prevention products, diagnostics, medicine, vaccines and treatment commodities for HIV, including for opportunistic infections and co-infections;

60 (l): Commit to urgently remove, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections, co-morbidities and co-infections, and to reduce costs associated with lifelong chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:

(a) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the

amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;

(b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with lifelong chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;

(c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, grants, prizes, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;

60 (m): Commit to establishing effective systems to monitor for, prevent and respond to the emergence of drug resistant strains of HIV in populations and antimicrobial resistance among people living with HIV;

60 (n): Commit to pursuing the continuity of HIV prevention, treatment, care and support and to providing a package of care for people living with HIV, TB and/or malaria in humanitarian emergencies and conflict settings, as displaced people and people affected by humanitarian emergencies face multiple challenges, including heightened HIV vulnerability, risk of treatment interruption and limited access to quality health-care and nutritious food;

Pursuing transformative AIDS responses to contribute to Gender Equality and the Empowerment of All Women and Girls

61 (a): Recognize that unequal socioeconomic status of women compromises their ability to prevent HIV or mitigate the impact of AIDS and acknowledge the mutually reinforcing links between the achievement of gender equality and the empowerment of all women and girls and the eradication of poverty, reaffirm that the promotion and protection of, and respect for, the human rights and fundamental freedoms of women, should be mainstreamed into all policies and programmes aimed at the eradication of poverty;

61 (b): Stress in that regard that the lack of protection and promotion of the human rights of all women and their sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, and insufficient access to the highest attainable standard of physical and mental health, aggravates the impact of the epidemic especially amongst women and girls, increasing their vulnerability and endangering the survival of present and future generations;

61 (c): Pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, as well as full access to comprehensive information and education, ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to

their sexuality, including their sexual and reproductive health, free of coercion, discrimination and violence, in order to increase their ability to protect themselves from HIV infection, and take all necessary measures to create an enabling environment for the empowerment of women and to strengthen their economic independence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality;

61 (d): Commit to achieve gender equality and the empowerment of all women and girls, to respect, promote and protect their human rights, education and health, including their sexual and reproductive health, by investing in gender-responsive approaches and ensuring gender mainstreaming at all levels, supporting women's leadership in the AIDS response, engaging men and boys, recognizing that gender equality and positive gender norms promote effective responses to HIV;

61 (e): Commit to address social norms, including by addressing the pertinent drivers that place a disproportionate burden of unpaid care and domestic work related to taking care of people living with HIV on women and girls;

61 (f): Commit to reduce the number of adolescent girls and young women, aged 15-24 years old, newly infected with HIV globally each year to below 100,000 by 2020;

61 (g): Commit to take urgent action, in particular in sub-Saharan Africa, to prevent and address the devastating effects of this epidemic on women and adolescent girls;

61 (h): Commit to end all forms of violence and discrimination against women and girls, such as gender-based, sexual, domestic and intimate partner violence, by i.a. eliminating sexual exploitation of women, girls and boys, trafficking in persons, femicide, abuse, rape in every and all circumstances, and other forms of sexual violence, discriminatory laws and harmful social norms that perpetuate the unequal status of women and girls, as well as harmful practices such as child, early and forced marriage, forced pregnancy, forced sterilization, in particular of women living with HIV, forced and coerced abortion and female genital mutilation, including in conflict, post-conflict and other humanitarian emergencies, as these can have serious and long-lasting impacts on the health and well-being of women and girls throughout the lifecycle and increase their vulnerability to HIV;

61 (i): Commit to adopting, reviewing and accelerating effective implementation of laws that criminalize violence against women and girls, as well as comprehensive, multidisciplinary and gender-responsive preventive, protective and prosecutorial measures and services to eliminate and prevent all forms of violence against all women and girls, in public and private spaces, as well as harmful practices;

61 (j): Address all health consequences, including the physical, mental and sexual and reproductive health consequences, of violence against women and girls by providing accessible health-care services that are responsive to trauma and include affordable, safe, effective and good quality medicines, first line support, treatment of injuries and psychosocial and mental health support, emergency contraception, safe abortion where such services are permitted by national law, post-exposure prophylaxis for HIV infection, diagnosis and treatment for sexually transmitted infections, training for medical professionals to effectively identify and treat women subjected to violence, as well as forensic examinations by appropriately trained professionals;

61 (k): Commit to develop and to strengthen, in all countries, national policies, norms and measures directly aimed at awareness, prevention and punishment of all forms of violence and discrimination against women and girls, as well as to develop policies aimed at the prevention of sexual violence and comprehensive care for children and adolescents sexually abused;

61 (l): Commit to ensure universal access to quality, affordable and comprehensive sexual and reproductive health-care and HIV services, information, and commodities, including women-initiated prevention commodities, including female condoms, pre- and post-exposure prophylaxis, emergency contraceptives and other forms of modern contraceptives by choice, regardless of age or marital status, and ensure that services comply with human rights standards and that all forms of violence, discrimination and coercive practices in health-care settings are eliminated and prohibited;

61 (m): Commit to reducing the risk of HIV infection among adolescent girls and young women by providing them with quality information and education, mentoring, social protection, and social services, which evidence shows reduce their risk of HIV infection, by ensuring girls' access and transition to secondary and tertiary education and addressing barriers to retention, and by providing women with psychosocial support and vocational training to facilitate their transition from education to decent work;

61 (n): Commit to support and encourage UN entities, international financial institutions and other relevant stakeholders to support the development and strengthening of capacities of national health systems and civil society networks in order to provide sustainable assistance to women living with, at risk of, and affected by HIV in conflict and post-conflict situations;

61 (o): Commit to ensuring that gender equality strategies also address the impact of harmful gender norms, including delayed health seeking behaviours, lower coverage of HIV testing and treatment, and higher HIV-related mortality among men, to ensure better health outcomes for men and to reduce HIV transmission to partners;

Ensuring access to high-quality HIV services, commodities and prevention, while expanding coverage, diversifying approaches and intensifying efforts to fight HIV and end the AIDS epidemic

62 (a): Recognize that the AIDS response can only be Fast-Tracked by protecting and promoting access appropriate, high-quality, evidence-based HIV information, education and services without stigma and discrimination with full respect for rights to privacy, confidentiality and informed consent and reaffirm that comprehensive prevention programmes, treatment, care and support of HIV must be the cornerstone of national, regional and international responses to the HIV epidemic;

62 (b): Commit to redouble non-discriminatory HIV-prevention efforts by taking all measures to implement comprehensive, evidence-based prevention approaches to reduce new HIV infections, including by conducting public awareness campaigns and targeted HIV education to raise public awareness;

62 (c): Commit to accelerate efforts to scale up scientifically accurate age-appropriate comprehensive education, relevant to cultural contexts, that provides adolescent girls and boys and young women and men, in and out of school, consistent with their evolving capacities, with information on sexual and

reproductive health and HIV prevention, gender equality and women's empowerment, human rights, physical, psychological and pubertal development and power in relationships between women and men, to enable them to build self-esteem, informed decision-making, communication and risk reduction skills and develop respectful relationships, in full partnership with young persons, parents, legal guardians, caregivers, educators and health-care providers, in order to enable them to protect themselves from HIV infection;

62 (d): Commit to saturate areas with high HIV incidence with a combination of tailored prevention interventions, including outreach via traditional and social media and peer-led mechanisms, male and female condom programming, voluntary medical male circumcision, and effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication assisted therapy programmes, injecting equipment programmes, pre-exposure prophylaxis for people at high risk of acquiring HIV, antiretroviral therapy, and other relevant interventions that prevent the transmission of HIV with particular focus on young people, particularly young women and girls, and encourage the financial and technical support of international partners as appropriate;

62 (e): Promote the development of and access to tailored HIV comprehensive prevention services for all women and adolescent girls, migrants, and key populations;

62 (f): Encourage Member States with high HIV incidence to taking all appropriate steps to ensure that 90% of those at risk of HIV infection are reached by comprehensive prevention services, that 3 million persons at high risk access pre-exposure prophylaxis and an additional 25 million young men are voluntarily medically circumcised by 2020 in high HIV incidence areas in and ensure the availability of 20 billion condoms in low- and middle-income countries;

62 (g): Commit to ensure that financial resources for prevention are adequate and constitute no less than a quarter of AIDS spending globally on average, and are targeted to evidence-based prevention measures that reflect the specific nature of each country's epidemic by focusing on geographic locations, social networks and populations that are at higher risk of HIV infection according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible and to ensure that particular attention is paid to those populations at highest risk, depending on local circumstances;

62 (h): Commit to ensure that the needs and human rights of persons with disabilities are taken into account in the formulation of all responses to HIV and that HIV prevention, treatment, care and support programmes as well as sexual and reproductive health-care services and information are made accessible to persons with disabilities;

62 (i): Encourage Member States to strengthen, national social and child protection systems to ensure that by 2020, 75% of people living with, at risk of, and affected by HIV, who are in need, benefit from HIV-sensitive social protection, including cash transfers and equal access to housing, and support programmes for children, in particular for orphans and street children, girls, and adolescents living with, at risk of, and affected by HIV, as well as their families and caregivers, including through

the provision of equal opportunities to support the development of children to their full potential especially through equal access to early child development services, trauma and psychosocial support and education, as they transition through adolescence, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems;

62 (j): Commit to eliminate barriers, including stigma and discrimination in health-care settings, to ensure universal access to comprehensive HIV diagnostic, prevention, treatment, care and support for people living with, at risk of, and affected by HIV, persons deprived of their liberty, indigenous people, children, adolescents, young people, women, and other vulnerable populations;

Promoting laws, policies and practices to enable access to services and end HIV-related stigma and discrimination;

63 (a): Reaffirm that the full enjoyment of all human rights and fundamental freedoms for all supports the global response to the AIDS epidemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination against all people living with, presumed to be living with, at risk of, and affected by HIV, is a critical element in combating the global HIV epidemic;

63 (b): Commit to strengthen measures at the international, regional, national, and local and community levels to prevent crimes and violence against, and victimization of, people living with, at risk of, and affected by HIV and foster social development and inclusiveness, integrate such measures into overall law enforcement efforts and comprehensive HIV policies and programmes as key to reaching the global AIDS Fast-Track targets and the Sustainable Development Goals; review and reform, as needed, legislation that may create barriers or reinforce stigma and discrimination, such as, age of consent laws, laws related to HIV non-disclosure, exposure and transmission, policy provisions and guidelines that restrict access to services among adolescents, travel restrictions and mandatory testing, including of pregnant women, who should still be encouraged to take the HIV test, to remove adverse effects on the successful, effective and equitable delivery of HIV prevention, treatment care, and support programmes to people living with HIV;

63 (c): Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV, including by linking service providers in health-care, workplace, educational and other settings, and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health-care, employment and social services, provide legal protections for people living with, at risk of, and affected by HIV, including in relation to inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms;

63 (d): Underscore the need to mitigate the impact of the epidemic on workers, and their families, and their dependants, workplaces and economies, including by taking into account all relevant conventions of the International Labour Organization, as well as the guidance provided by the relevant International Labour Organization recommendations, including the Recommendation on HIV and AIDS and the World of Work, 2010 (No. 200), and call upon employers, trade and labour unions,

employees and volunteers to take measures to eliminate stigma and discrimination, protect, promote and respect human rights and facilitate access to HIV prevention, treatment, care and support;

63 (e): Commit to national AIDS strategies that empower people living with, at risk of, and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights, including strategies and programmes aimed at sensitizing law enforcement officials, members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support;

63 (f): Commit to promoting laws and policies that ensure the enjoyment of all human rights and fundamental freedoms for children, adolescents and young people, particularly those living with, at risk of, and affected by HIV, so as to eliminate the stigma and discrimination they face;

63 (g): Encourage Member States to address the vulnerabilities to HIV and the specific healthcare needs experienced by migrant and mobile populations, as well as refugees and crisis-affected populations, and to take steps to reduce stigma, discrimination and violence, as well as to review policies related to restrictions of entry based on HIV status with the view to eliminate such restrictions and the return of people on the basis of their HIV status, and to support their access to HIV prevention, treatment, care and support;

Engaging and supporting people living with, at risk of, and affected by HIV as well as other relevant stakeholders in the AIDS response

64 (a): Call for increased and sustained investment in the advocacy and leadership role, involvement and empowerment of people living with, at risk of, and affected by HIV, women children, bearing in mind roles and responsibilities of parents, young people, especially young women and girls, local leaders, community-based organizations, indigenous communities and civil society more generally as part of a broader effort to ensure at least 6% of all global AIDS resources are allocated for social enablers including advocacy, community and political mobilization, community monitoring, public communication, outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform, and stigma and discrimination reduction;

64 (b): Commit to encouraging and supporting the active involvement and leadership of young people, particularly women, including those living with HIV, in the fight against the epidemic at the local, subregional, regional, national and global levels, and agree to support these new leaders to help develop specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions, recreation centres and workplaces;

64 (c): Support and encourage enhanced strategic engagement with the private sector to support countries with investments as well as, inter alia, service delivery, strengthening supply chains, workplace initiatives and social marketing of health commodities and in support of behavioural change, to Fast-Track the response;

64 (d): Strongly urge increased investments in comprehensive research and development to enable access to improved and affordable point-of-care diagnostics,

prevention commodities, including preventive and therapeutic vaccines, and female-initiated prevention commodities, more tolerable, efficacious and affordable health technologies and products, including simpler and more effective drug formulations for children, adolescents and adults, second- and third-line therapy, new drugs and diagnostics for tuberculosis, viral load monitoring tools, microbicides and a functional cure, while seeking to ensure that sustainable systems for vaccine procurement and equitable distribution are also developed, and in this context, encourage other forms of incentives for research and development such as the exploration of new incentive systems including those in which research and development costs are delinked from product prices;

64 (e): Recognize the important role played by the private sector in research and development of innovative medicines, encourage the use, where appropriate, of alternative financing mechanisms for research and development as a driver of innovation for new medicines and new uses for medicines and explore opportunities to de-link the cost of research and development from the price of health products;

64 (f): Commit to realize the full impact of innovation in research, science, and technology and to work towards ensuring that trade and other commercial policies support public health goals, under a human rights and development framework;

64 (g): Recognize that the changing context, epidemic and response demand expanded quality technical support to strengthen capacity and institutions aligned with principles of country ownership and leadership, aid effectiveness and value for money and that long-term sustainability of access to HIV-related products, including through local production of pharmaceutical products, requires promoting voluntary technology transfer on mutually agreed terms, including sharing of know-how and expertise to strengthen local manufacturing capacity;

64 (h): Commit to support technology transfer arrangements which increase the availability and affordability of medicines and related health technologies and in this regard, encourage the utilisation of the multi-stakeholder forum on science, technology and innovation for the SDGs, created as a component of the Technology Facilitation Mechanism, to identify and examine technology needs and gaps;

64 (i): Support and encourage, through domestic and international funding and the provision of technical assistance, the substantial development of human capital, development of national and international research infrastructures, laboratory capacity and improved surveillance systems, and data collection, processing and dissemination, and training of basic and clinical researchers, social scientists and technicians, with a focus on those countries most affected by HIV and/or experiencing or at risk of, a rapid expansion of the epidemic;

Leveraging regional leadership and institutions is essential to more effective AIDS responses

65: Encourage all regions to work with regional and subregional organizations, people living with, at risk of, and affected by HIV, relevant UN organizations, the private sector and other relevant stakeholders, towards the achievement of the following targets by 2020, as modelled in the Fast Track approach to end the AIDS epidemic by 2030, and in this regard, call for strengthened global solidarity and shared responsibility to ensure sufficient funds are made available to support regions in this endeavour:

65 (a): Work towards reducing the number of new infections among young people and adults (aged 15 and older) by 75% in Asia and the Pacific to 88,000, in Eastern Europe and Central Asia to 44,000, in Eastern and Southern Africa to 210,000, in Latin America and the Caribbean to 40,000, in the Middle East and North Africa to 6,200, in Western and Central Africa to 67,000, Western and Central Europe and North America to 53,000;

65 (b): Work towards reducing the number of new infections in children and young adolescents (under 15) by 95% in Asia and the Pacific to 1,900, in Eastern Europe and Central Asia to fewer than 100, in Eastern and Southern Africa to 9,400, in Latin America and the Caribbean to fewer than fewer than 500, in the Middle East and North Africa to fewer than 200, in Western and Central Africa to 6,000, Western and Central Europe and North America to fewer than 200 among children;

65 (c): Work towards increasing to at least 81% of the number of young people and adults (aged 15 and older) on treatment in 2020, in Asia and the Pacific to 4.1 million, in Eastern Europe and Central Asia to 1.4 million, in Eastern and Southern Africa to 14.1 million, in Latin America and the Caribbean to 1.6 million, in the Middle East and North Africa to 210,000, in Western and Central Africa to 4.5 million, Western and Central Europe and North America to 2 million, ensuring equal access to treatment for women and men;

65 (d): Work towards ensuring that at least 81% of the number of children and young adolescents (under 15) are on treatment in 2020, in Asia and the Pacific reaching 95,000, in Eastern and Southern Africa reaching 690,000, in the Middle East and North Africa reaching 8,000, in Western and Central Africa reaching 340,000, in Eastern Europe and Central Asia reaching 7,600, in Latin America and the Caribbean reaching 17,000, and in Western and Central Europe and North America reaching 1,300 children, ensuring equal access to treatment for girls and boys;

66: Encourage and support the exchange among countries and regions of information, research, evidence, best practices and experiences for implementing the measures and commitments related to the global HIV and AIDS response, in particular those contained in the present Declaration, as well as subregional, regional and interregional cooperation and coordination, and leverage the unique leadership of these political and economic institutions;

67: Continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV and underline in this regard the valuable model provided by African Peer Review Mechanism of the African Union, and consider, as appropriate, regular regional peer-based reviews of AIDS responses that facilitate engagement of health and non-health ministries, city and local leaders and ensure the meaningful participation of civil society organizations, especially of people living with HIV, women's and youth groups, among others;

68: Taking into account the many challenges faced on the African Continent, urge continued support for the processes for the establishment of the Africa Center for Disease Control and Prevention, to support African countries in efforts to effectively prevent, detect and respond to emergencies, and build the needed capacity to protect communities across the continent;

69: Commit to strengthen regional, subregional, national and local capacity to develop, manufacture and deliver quality-assured affordable medicines, such as generics, diagnostics, reliable incidence measuring tools, biomedical prevention commodities, other commodities, including through an enabling legal, policy and regulatory environments, and encourage the development of regional markets, including through enhanced North-South, South-South and triangular cooperation and emphasize the need to increase the self-reliance of drug supplies in all regions, including through increasing local production and manufacturing capacities of developing countries pooled procurement, accurate forecasting and timely prequalification to improve HIV prevention, treatment, care and support programmes, as well as programmes for tuberculosis, sexual and reproductive health, maternal and child health-care and malaria;

Enhancing governance, monitoring and accountability will deliver results for and with people

70: Commit to effective evidence-based operational mutual accountability mechanisms, that are transparent and inclusive, with the active involvement of people living with, at risk of, and affected by HIV, and other relevant civil society and private sector stakeholders, to support the implementation and monitoring of progress on multisectoral national Fast-Track plans to fulfil the commitments in the present Declaration;

71: Accelerate efforts to increase significantly the availability of high-quality, timely and reliable data, including on incidence and prevalence, disaggregated by income, sex, mode of transmission, age (including for ages 10 to 14 and over the age of 49), race, ethnicity, migratory status, disability, marital status, geographic location and other characteristics relevant in national contexts as well as the strengthening of national capacity for use and analysis of such data and for evaluation of efforts to improve population size estimates, resource allocation by population and location and service access and to fill critical data gaps, and inform effective policy development, with due consideration to the confidentiality principle and professional ethics and to enhance capacity-building support to developing countries, including to least developed countries, landlocked developing countries and small island developing states, for this purpose and provide international cooperation, including through technical and financial support, to further strengthen the capacity of national statistical authorities and bureaux.

72: Request the Joint United Nations Programme on HIV and AIDS (UNAIDS) to continue to support Member States within their respective mandate to address the social, economic, political and structural drivers, including through the promotion of gender equality and the empowerment of women, and human rights, of the AIDS epidemic, to achieve multiple development outcomes, including actions to eliminate poverty and inequalities, provide access to social protection and child protection, improve food security, stable housing and access to quality education and economic opportunity, achieve gender equality and the empowerment of all women and girls, and promote healthy cities and just and inclusive societies, and to further contribute to intersectoral efforts essential to reach the global health goals and ensure progress across the 2030 Agenda in all settings, including humanitarian, in order to fulfil the overarching goal to leave no one behind, with the full involvement of Member States and relevant stakeholders;

73: Call on the international community to utilize the AIDS machinery to tackle broader global health challenges and to ensure no one is left behind in sustainable development efforts;

74: Ensure the United Nations is fit to deliver results on the 2030 Agenda by reinforcing and expanding the unique multi-sector, multi-stakeholder development and rights-based approach of the Joint United Nations Programme on HIV and AIDS (UNAIDS) and, in this regard, reaffirm, as per ECOSOC resolution E/RES/2015/2, that it offers the United Nations system a useful example, to be considered, as appropriate, of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities;

75: Encourage and support the exchange among countries and regions of information, research, evidence and experiences for implementing the measures and commitments related to the global HIV and AIDS response, in particular those contained in the present Declaration, facilitate intensified North-South, South-South and triangular cooperation, as well as subregional, regional and interregional cooperation and coordination, and in this regard continue to encourage the Economic and Social Council to request the regional commissions, within their respective mandates and resources, to support periodic, inclusive reviews of national efforts and progress made in their respective regions to combat HIV;

Follow-up: accelerating progress

76: Request the Secretary-General, with support from the Joint United Nations Programme on HIV/AIDS, to provide to the General Assembly, within its annual reviews, an annual report on progress achieved in realizing the commitments made in the present Declaration and request continued support from UNAIDS to assist countries to report annually on the AIDS response;

77: Request the Secretary-General, with the support of the Joint Programme, to contribute to the reviews of progress on the 2030 Agenda for Sustainable Development taking place at the High Level Political Forum so as to ensure that follow-up and review processes assess progress on the AIDS response;

78: Request the Secretary-General to strengthen cooperation among relevant UN system agencies, under the leadership of the Joint United Nations Programme on HIV/AIDS, in order to strengthen the Fast-Track AIDS response, and request the Joint Programme to support Member States, including through the strengthening of accountability mechanisms and facilitating the participation of all stakeholders, to deliver on the outcomes of this declaration, in line with their respective mandates, abilities and resources;

79: Decide to convene a High-Level Meeting on HIV and AIDS to review progress: on the Commitments made in the present Declaration towards ending the AIDS epidemic by 2030, and how the response, in its social, economic and political dimensions, continues to contribute optimally to progress on the 2030 Agenda for Sustainable Development and the global health goal, and decide to reach an agreement on the date for convening the next High-Level Meeting on HIV and AIDS no later than the 75th session of the General Assembly.